or- ate	STA	TE O
st st	1. PLACE OF DEATH	
of all did	County Wash	ingl
item of inf should st of OCCUF	Village or CityCle	an S
NS NS	Length of residence in city or	town where d
Eve	2. FULL NAME Te	Wis
RD.	(a) Residence: No.	lea
SE t	PERSONAL AND S	TATISTI
CTLY. Pl	3. SEX 4. COLOR OR	·- A
T L ed.	5a. If married, widowed, or divorced	ve
RMAN X A C classifi	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	
IS A PERMA stated EXA properly class ertificate.	6 DATE OF PIRTH (month day and	n Ma
PH H H rly	6. DATE OF BIRTH (month, day, and 7. AGE Years	Months
IS A P stated   properly ertificat	81	1
	8. Trade, profession, or particul	ar O
HIS be be of	kind of work dona, as SP SAWYER, BOOKKEEPER, e	INNER,
NK—T should it may n back	kind of work dona, as SP SAWYER, BOOKKEEPER, e SAWYER, BOOKKEEPER, e Work was dona, as SILK N SAW MILL, BANK, etc	h VIILL,
INE Sh t it on	10. Date deceased last worked a this occupation (month anyear)	t
AG AG th ion	Pinerio	7.1.
NFADING plied. AGE rms, so that instructions	12. BIRTHPLACE (city or town)(State or country)	word
JNFA pplied erms, instr	13. NAME John 7	home
y sup y sup ain ta See	14. BIRTHPLACE (city or town) (State or country)	May
full to pl	15. MAIDEN NAME Anna	Mar
7, 7 are H in rtan	16. BIRTHPLACE (city or town)	1/44
De an TATH	16. BIRTHPLACE (city or town) (State or country)	Jaski
PLAT hould b OF DE.	17. INFORMANT Mas Man (Address)	the
	18. BURIAL, CREMATION, OR REMOY	AL /
on s SE SE	Place to Parel Ce	sully
WRIT mation CAUSI	19. UNDERTAKER Comel	ins 1
B	(Address)	SA

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00911
1. PLACE OF DEATH	92-0
County Washington	Registration Dist. No. 3 o 3
Village or City Clean Spring	ND. St Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Levis Phistian And	syrsmosds.
	any.
(a) Residence: No. (Usual place of abode	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH JAW 16
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 23 18.54	I last saw h AML alive on Jan 1985; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 Man.
8/ 1 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cruses of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Refused farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecuation (month and	Talvular diseast dissos Cate of onset
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
Shall I II full?	
2/12/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Almorad forther time
13. NAME John Thombon Andeney	- CALLORING FILLORIGADO
13. NAME John Thompson Ankeney 14. BIRTHELACE (city or town) - Washington - 2	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Anna Maria New Comber	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Anna Maria New Comber  16. BIRTHPLACE (city or town) Haffestowy  (State or country) Was A wales Po	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs Marthy Foster (Address) 6 40 Marthy Foster	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to Paril Century Date My / 8 , 1935	Nature of injury
19. UNDERTAKER Cornelius K. Swyder (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 17, 1935 Y W. Migracy Registry.	(Signed) / MAY G. AUTHA M.D. (Address) CLANT SANTMA MANUANA,
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting T) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gastroenteritis

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May 1,1923

	RECORD. Every item of infor- PHYSICIANS should state Exact statement of OCCUPA-	3. 5s 6. 7. NOILAGII
INDING	RMANENT X A C T L Y classified.	58
FOR B	IS A PE stated E properly ertificate	7.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3.3.3.6.6.6.7.7. NOTHER FATHER 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
V. S. No. 1	N. B.—WRITE PLANKY, mation should be ca CAUSE OF DEATH TION is very import	1 1 2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00912
1. PLACE OF OPATH	948 304
County Hashunglow	Registration Dist. No.
Village or City	No. St., Ward
Length of residence in city or town where death ecorred yrsyrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds
2. FULL NAME LESSE Mouston	Daker
(a) Residence No.	St., Ware.
(Ostal place of aborde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON BACE 5. SINGLE, MARRIED, WIDOWED, OR OHYORCED (write the word)	Month 21 4 3 5 193 (Yoar)
5a. If married, widowed, or more than the HUSBAND of (or) WIFE of March	22. I HEREBY CERTIFY. That I attended deceased from 19 10 11 11 11 11 11 11 11 11 11 11 11 11
6. DATE OF BIRTH (month, day, and year 128 / 68	I last saw him alive on // 24/ 35 , 19 ; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, protession, or particular kind of work done, as SPINNER,	were as follows:  Date of the army hornboxis Date of onset
SAWYER, BOOKKEEPER, et Justification	
work was done, as STIC MILLUCOCK Males N	
10. Date deceased last worked at this occupation month and spant in this occupation month and	
this occupation (month and 33 spent in this occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town). ( Yeuna	
(State or country)	
13. NAME AMULE CONTROL 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME JASTETH Cathers  16. BIRTHPLACE (city extens)	Accident, suicide, or homicide?
State of sountry)	Where did injury occur?
17. INFORMINT A hoda of Jaker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION OR REMOVAL DEC 27133	Manner of injury
and of the second of	Nature of injury
19. UNDERTAKER  (Address)  (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED -25, BUT Plecilling. Registrar.	(Signed) J. A. Jovan, M.D. (Address) Hancock (Ma)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-, more training and training to the Meditine,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	difference of the state of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PERMANEN	EXACTL	ly classified.	ite.
IS IS A I	be stated	be proper	of certifica
INK-TH	I plnous 3	t it may l	on back o
INFADING	pplied. AGI	erms, so tha	instructions
, WITH U	arefully su	f in plain t	rtant. See
VRITE PLAINLY	ation should be c	AUSE OF DEATH	TION is very important. See instructions on back of certificate.
N. B	m	7	)

STATE OF MARTLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
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00913

1. PLACE OF DEATH/	728
County Warkington	Registration Dist. No. 3 0 6
Village or City Vear Latusburg in	At-
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	nosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Collect. James.	Sahu
(a) Residence: No. and arter byling und	St., Ward.
(Usus place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 If married without as discord	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
- Manuel	, 19, to
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad abova, atm.
35- 7 3 Iday,h	were as follows:
Trada, profession, or particular kind of work dona as SPINNER	Date of onset
kind of work done, as SPINNER, Laboren.	- und is of the hear : comed
9 Industry or business in which work was done, as SILK MILL,	by excessible use of alcohol. Alcoholism
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  ID. Date daceasad last worked at this pecuation (month and	of Cuto
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Laitersburg such	Other Contributory Causes of importance:
(State or country) Pouls les Lond	
13. NAME Varies. U- Baker	
13. NAME Laws. U-Baker  14. BIRTHPLACE/(city or town) Very leglears firing	Name of projection
(State or country) Wash les such	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lings May Stick.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Leytespray and	Accident, suicide, or homicide?
(State or country) Wash les fine	Where did injury occur?
17 INFORMANT James V. Baken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Leitersburg mis	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Spricella Itali Cind Date Jan 25, 193.	Nature of injury
19. UNDERTAKER LOSED. B. Hoover	24. Was disease or injury in any way related to occupation of decaased?
(Address) Sunthabung Mid	If so, specify
20. FILED and 3 1935 Seal terrenon	(Signed) franching Duffley alsone M.D.
Registrar.	(Address) be a said of the

If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

00914

1. PLACE OF DEATH			<u> </u>
County Wash any to	·		Registration Dist. No. 30 2
Village Dr City Security	, * = = = a = = a a a a a a a a a a a		ND. St. Ward
Length of residence in city or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME St	llon I	Park B.	her.
(a) Residence: No.	(Usual place	()	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE	5. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH 3 6 193.5
5a. If married, widowed, or divorced HUSBAND of			(Month) (Day) (Year)
(or) WIFE of			1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	m. 30.19	35	flast saw him after on an 36 , 193 ; death is said
7. AGE Yaars Months	Days	If LESS than I day, Ohrs. ormin.	to have occurred on the date stated above, at 7. 20 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER.		; 01mm.	were as follows:  Date of onset
SAWYER, BOOKKEEPER, etc.			Stillbuth
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			3 no gestation
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	sq2	ime (years) nt in this upation	
12. BIRTHPLACE (city or town) (State or country)	ty, ma		Other Contributory Causes of importance:
			don't know
E	Dringer .	md	No. of the state o
14. BIRTHPLACE (city or town) (State or country)	erstant.	1.11.92:	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME	Baker		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	entany, 1	nd.	Accident, suicide, or homicide?
17. INFDRMANT Same and (Address)	Baker	,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	41	71 31	Manner of injury
Place Decelly !!	1 Pate /	00,100	Nature of injury
19. UNDERTAKEN Saucecul  (Address)	2 73	Mar.	24. Was disease or injury it any way related to occupation of deceased?
20. FILED /- 30- 19:35/	hast	Bower	(Signed) M.D.
		Registrar.	(Address) Hat listian, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

leath occurred in a horpital or institutionds. How long in U.S. if of fo			
St., Ward.	If nonresident	give cily or town and	l State
MEDICAL CER	RTIFICATE	OF DEATH	
21. DATE OF DEATH	SQUI (Month)	y LS	, 193 S (Year)
I last saw be a alive on to have occurred on the date steted e. The PRINCIPAL CAUSE OF DEATH were as follows:	ebove, etand related caus	m. es of Importance	; death is said
Neme of operation	Promi	Date of	
What test confirmed diagnosis?		Was there an	autopsy?
23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in I	(Specify city or	Oate of injury	, 19
Manner of injury			
24. Was diseese or injury in any way If so, specify (Signed) (Address)	WD	The 2	-224 M. D.

supplied. CAUSE OF DEATH in plain terms, mation should be carefully -WRITE

FATHER

MOTHER

very important.

TION is

13. NAME

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIOEN NAME

(Address)

19. UNOERTAKER (Address)

If more blanks are needed, address State Registrar, :

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
MILITERUSVOS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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284	
infor- state UPA-	1. PLACE OF
of uld	County
short C	Village •== Cit
nt o	Length of reside
Eve XIA sme	2. FULL NAM
RD. YSIC state	(a) Residence
PH act	PERSONA
RE Exa	3. SEX
L'A	Male
IS A PERMANENT RECORD. Every item of stated EXACTLY. PHYSICIANS should properly classified. Exact statement of OCC certificate.	5a. If married, widowed HUSBANO of (or) WHE of
PERM EX ly cla	6. DATE OF BIRTH (m
A ted per iffic	7. AGE Tears
IS sta pro	8. Trade, professi
HIS be be of	kind of wo
uld nay ack	9. Industry or but work was d
INK—THIS  E should be t it may be on back of o	SAW MILL, 10. Date deceased this occupa
UNFADING I applied. AGE terms, so that	year)
FA] ied. ns, stru	(State or countr
UN uppl teru	13. NAME Sam
rh u ly su lain t	14. BIRTHPLACE (
win	15. MAIOEN NAM
Care care TH in	16. BIRTHPLACE (
色	17. INFORMANT
PL Now	(Address) 18. BURIAL, CREMATION
TE n sl	PlaceMi_]
Mation shoul CAUSE OF TION is ver	19. UNOERTAKER
œ.	(Address)
ż	20. FILED

1. PLACE OF DEATH	1			(82-0)	00316
CountyWashi	agton			Registration Dist. No.	003
Village entity Big	Spring.	, Md.		No. St.,  death occurred in a hospital or institution, give its NAME instead of street a  ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME		Doomd.			
(a) Residence: No.			of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Male Whi		Widow	(write the word)	(Month) January 29	(Year)
5a. If married, widowed, or divorce HUSBANO of Mari	e Louise	a Beard		22. I HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH (month, day, a 7. AGE Years 85	Months 5	Days 6	If LESS than I day,hrs. ormin.	I last saw himalive onIarruary2S, 193 to have occurred on the date stated above, at 1112OP_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
kind of work done, as SAWYER, BOOKKEEPE 9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc	SPINNER, R, etchich K MILL,			Cerebral Hemorrhage	?
year)	and	Occu	me (years) it in this pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	M		ν.		
13. NAME Samuel B	eard				
13. NAME Samuel B  14. BIRTHPLACE (city or town (State or country)	)Unkn Md			Name of operation Date of What test confirmed diagnosis? Was there	
15. MAIOEN NAME NA	ncy Hul	1		23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
15. MAIOEN NAME NA  16. BIRTHPLACE (city or town (State or country)  17. INFORMANT	Md Arthur	Hart,		Accident, sulcide, or homicide? Date of Injury  Where did injury occur? (Specify city or lown, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	State)
(Address) Big. 18. BURIAL, CREMATION, OR REM	Spring,	-Md.		M	
Place Millston			1 , 19.35	Manner of injury	
	-Rowlan Cleurep	ring, Md.	Home	24. Was disease or injury in any way related to occupation of deceased:  If so, specify (Signed)	M. (
	N.	Noval	Registrar.	(Address) Clear Offing 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	, ma

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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Gallstones	May 1,1923	Gastroenteritis	1 year

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PROPAULY S.			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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state

of OCCUPApluods

	STATE C	F MARYLAND	-CERTIFICATE OF DEATH 00920
1. PLACE O	F DEATH		(52)
County	Washingt	on	Registration Dist. No. 302
	ity Hagersto		No. Washington County Hospisal 3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	ME Dolores ce: No. Clear	Louise Bridend spring, Md • R (Usual place of abode)	F Dst., Ward.  If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January 14, 1935.  (Month) (Day) (Year)
5a. If married, widow HUSBANO of (or) WIFE of		ct. 10, 1933	22. 1 HEREBY CERTIFY. That I attended deceased from 1935, to 4, 1935  Usst saw har alive on 1935, to 1935; death is said
7. AGE Yes	Months  1 3	Days If LESS than 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of SAWYER 9. Industry or work wa	ssion, or particular work done, as SPINNER, t, BOOKKEEPER, etc business in which is done, as SILK MILL, LL, BANK, etc	Infant	followed the infaction
E1113 0000	sed last worked at upation (month and	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (c (State or cou	ity or town). Clears	pring, Md.	Other Coute bulory Causes of Importance:
	David Grube	r	Al ada
14. BIRTHPLAC	E (city or town) Clea r country)	rspring,	What test confirmed diagnosis? Was there an au'opsy?
02	Cuann Da	databashi	

MOTHER 16. BIRTHPLACE (city or town)

Bridendolph rspring. Jan.17 18. BURIAL, CREMATION, OR REMOVAL Springs,

(State or country)

19. UNOERTAKER (Address)

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Nature of injury..... If so, specify

Registrar.

Manner of injury

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EUPPAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
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14 5€E 0 1905 Å			
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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Ballimore, Requesting V. S. No. 1.

(Day)

(Year)

Date of onset

1. PLACE OF DEATH

BINDING FOR RESERVED ARGIN

Kneisler

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			N/2011/215

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ITH UNFADING INK-THIS IS A FERMANENI RECORD, Every nem o	ily supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	plain terms, so that it may be properly classified. Exact statement of OC	1
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CAUSE OF DEAT

-WRITE

# STATE OF MARYLAND—CERTIFICATE OF DEATH

65	13	0	9	Do
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11	1)	V	4	2)

1. PLACE OF D	EATH			(23)	
CountyWa	shington	2-1-0.2222		Registration Dist. No. 30	2
Village or City_	Hagerst	own		No. 111 McComas Street st 34	Ward
Lamab of conidence	ii4 4		O. (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	4.
				as. now long in 0.5, ti of foreign birth?yrsmos	as.
2. FULL NAME				611	
(a) Residence: N	o. 111 Mc	Comas St		St, Ward.  If nonresident give city or town and State	
PERSONAL	AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
	OLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Male V	White	OR DIVORCEI	(write the word)	January 29, 1935	•
5a. If marriad, widowad, or				(Month) (Day) (Yaa	r)
HUSBAND of (or) WIFE of	Josephine	Cornell		22. I HEREBY CERTIFY, Thet I attanded deceased	from
		Annil	1861	19 to 27, 19,	3.5
6. DATE OF BIRTH (month	, uay, and year)	1		(last saw h , alive on , 19 , daath i	s said
7. AGE Yaars	Months 9	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance	
			ormin.	wara as follows:	onset
No Frede, profassion, kind of work d	and on CDIMMED -	Laborer		Matral Xensis	s:
9. Industry or busine	ss in which				
SAW MILL, BA	, as SILK MILL, NK, etc				
- IZ F cuite accarbation	(month end		it in this		
year)			pation	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or to	Leesbu:	rg			<b>D</b>
(Stata or country)		1		1 wouldno	
H 13. NAME JUI				0	
13. NAME JOE	77	nown		Name of operation Data of Data of	
(State or count			cnown	What test confirmed diegnosis? Was there an eutopolitical was the entered and eutopolitical was the entered	-0
15. MAIDEN NAME  16. BIRTHPLACE (city			CHOWH	23. If daath was due to external causes (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city  (State or count		known Va.		Accidant, suicide, or homicide?, 19_	
7.5	cs. Leste:		. 4	Where did injury occur? (Specify city or town, county and State)	
	gerstown			Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION,	OR REMOVAL		2/.	Manner of injury	
Placa Bake	sville, l	Midona Jan	6/1, 19 35	Neture of injury	
10 HNOFETAKED FO	red W. Kra	aiss.		24. Was diseese or injury in any way related to-occupetion of dacaasad?	
I IV. OHULKIANEN	gerstown			If so, specify	
20. FILED 2-1-	356	Kasto	Bocco -	(Signed) L. A. Callety	M.D.
20. FILEU	, 191		Registrar.	(Addrass) fegustow	0

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEN	2)		
Other contributory causes of importance:	7-4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00927
1. PLACE OF DEATH	22-20
County Maskelly love	Registration Dist. No. 302
Village or City. 1601956 town	No St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs	
2. FULL NAME Wellegur Sas	the Occlert
(a) Residence: No. / F - G (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
OR DIVORCED (rafrite the word)	Jan 30 193 J
a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That Lattended deceased fro
7 0 260167.	Jan 26 , 1935 , 10 Jan 30 , 1937
DATE OF BIRTH (month, day, and year) Never 1812	I fast sew h / elive on Jan (30 , 193); death is sa
AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 — // ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Mascostie tout village
SAWYER, BDOKKEEPER, etc.	hat on the Resument
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years) spent in this	Minute Morrise a Charge and in
10. Date deceased last worked et this occupation (month end spent in this	Wysocows CI
year) occupation occupation	Dther Contributory Causes of importance:
2. BIRTHPLACE (city or town) Lautower	Bron cha meumonia lan 2
(State or country)	( ( Kermenal ) 1"
13. NAME Ges Efecto North	
13. NAME GEGETER HOUSE	Name of operation
(State of country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME CON R. Sterresson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CON R. Stoyenson  16. BIRTHPLACE (city or town). Rankson  (Stoke or country)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT MAR. Negelisch & Ellist (Address) & & Bannow and	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Guntour Date 41 , 19 3	Nature of injury
9. UNDERTAKER COMPANY STATES (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 2-1-, 19635 CharffBowers Registrar.	(Signed) fully former St pageston
If more blanks are needed address State Registrar	24. N. Charles Street Beltimore Requestion 7) S No.

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W SHREAD DE			
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1	. PLACE OF DEATH	(33)
	County Washington	Registration Dist. No. 360
	Village or City Sharpsburg Md	No Main CA Wood
	Length of residence in city or town where death occurred. 75 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2	FULL NAME Mary Ann Drenner	
	(a) Residence: No. Same as above (Usual place of abode)	St., Ward.  If nonresident give city or town and State
of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	female 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Widowed	21. DATE OF DEATH Jan. 25,1935
5a.	If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of Silas Drenner (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1930, to Jan 23, 19.35
6.1	DATE OF BIRTH (month, day, and year) Jan. 18, 1842	I last saw h M alive on Men # 3 , 19 36; death is said
_	AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	93 x . 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
z	8. Trade, profession, or particular	Date of onset
110	kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc. HOUSEWORK	174 Class Stelly
OCCUPATION	9. Industry or business in which at home work was done, as SILK MILL, SAW MILL, BANK, etc	Pyctitis De 1/8
CC	IO. Date deceased last worked at 1005 II. Total time (years)	Serilaty 171
ŏ	IO. Date deceased last worked at this occupation (month and 1925 spent in this occupation wear)	J. J
		Other Contributory Causes of Importance:
	BIRTHPLACE (city or town) Rohrersville Md (State or country)	
FATHER	13. NAME John Rohrer	
ATH	14. BIRTHPLACE (city or town) Rohersville Md	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Polly Hildebrau	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country) Shepherdstown W.Va.	Accident, suicide, or homicide?
17.	INFORMANT Sharpsburg Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	PlaceSharpsburg Md Date Jan. 28 ,19 35	Nature of injury
10	Albert Leaf	24. Was disease or injury in any way related to occupation of deceased
13.	UNDERTAKER Williamsport Md	If so, specify
20	FILED /2-6 19 Ely Boyn	(Signed) Wally D Show ) M. D.
20.	Registrar.	(Address) Shurpo form y may

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		A.	

very important. See instructions on back of certificate.	STATE OF MARTLAND	-CERTIFICATE OF DEATH		
	1. PLACE OF DEATH			
	County Terashinator	Registration Dist. No. 3.05		
	Village or City Table 162	No. St. Ward		
	(II	f death occurred in a hospital or institution, give its NAME instead of street and number)		
	2. FULL NAME Jufant Derri (a) Residence: No. 7. Hestow M	d St., Ward.		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
	Female Calife OR DIVORCED (write the word)	Jamary 9 , 193 (Month) (Day) (Year)		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from		
•	6. DATE OF BIRTH (month, day, and year)	STILL BURN 1-9- 15C		
cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 Moon		
tife	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
cer	8. Trade, profession, or particular	were as follows:		
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Intra illerino		
ck	9. Industry or business in which	asphylealin		
	work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s		
s on	10. Date deceased last worked at this occupation (month and year)			
tion	12. BIRTHPLACE (city or town). The thestone	Other Contributory Causes of importance:		
rue	(State or country)			
nsti	a 13. NAME CVILLE Derry			
e ii	14. BIRTHPLACE (city or town)	Name of operation		
Se	(otate of country)	What test confirmed diagnosis? Current Was there an au'opsylve		
nt.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:		
rta	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19		
001	(State or country)	Where did injury occur?		
	17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Ve	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury		
18	Place 30000000 Date an. 10. 1935	Nature of injury		
TION	TIMO BANKS	24. Was disease or injury In any way related to occupation of deceased?		
I	19. UNDERTAKER (Address)	If so, specify		
	20. FILED Jan -10, 1935 Pullian - Bast	(Signed) NB. Drafey M.D.		
	Penistral	(Address) Paris A A I I MIN		

N. B.-WRITE PLA

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state

TARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

WITH UNFADING INK-THIS

AGE should be

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-	CERTI	FICAT	Ε	OF	DEAT	H

00931

I. PLACE OF DEATH			(J3I)
County Washington			Registration Dist. No. 362
Village or City Hagersto	Wn	, ,	No 818 Salem. Are.
		(1	If death occurred in a hornital or institution give it. NAME:
Length of residence in city or town where de	eath occurred	yrsmo	ds How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mary E.			
(a) Residence: No. 818 Sal	em Ave.		St. 9 Ward.
	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH
Female White	Wido	wed	January 14, 193 5 (Month) (Dev) (Year
5a. If married, widowed, or divorced HUSBAND of			(Month) (Dey) (Year)
(or) WIFE of William H.	Dilwor	th	1 HEREBY CERTIFY. That I attended deceased I
			16 10 Jan 17 180
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months			I last saw h alive on; death is
months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10:00m A.M.
66   8	9	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,			Date of on
SAWYER, BOOKKEEPER, etc			Comany Occurren Ja,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			N 193
10. Date deceased last worked at		ma (vears)	
this occupation (month and yoer)	span occur	t in this	V-1
12. BIRTHPLACE (city or town) Frankf	and To	3	Other Contributory Causes of importance:
(State or country)	oroin	Q.e	60
13. NAME John Purdham			letrine Nyssenty hade
TT 1-	OWN		Chimic Hyphrelia
(Stete or country)	0 w 11		Name of operation Date of
			What test confirmed diagnosis? Was there en aulepsy?
II.			23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME EVA Ales	vn		Accident, suicide, or homicide? Data of Injury, 19
			Where did Injury occur?
17. INFORMANT Luther A. Di	lworth,		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, 8. BURIAL, CREMATION, OR REMOVAL	Md.	1100	
PlaceHagerstown, Md.	o-m Tan	77.35	Manner of injury
G	. oate0_5611,	<u>ل د د ۱۵. با مده د بر</u>	Nature of injury
9. UNDERTAKER Fred W. Krais	8		24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagerstown,	da		If se, specify
20. FILEO / 16 - 19.35 (C)	Colff	Seven	(Signed) Much
,		Registrar.	(Address) Has so stone and it

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .-- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE OF DEA	тн			(920)
	County Was	hington			Registration Dist. No. 303
	Village or City	MAN MILL COM	CARVIE PIET	(10 e)	No. 1166 Hamilton Blvd. St., 5 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In ci	ty or town where	death occurrad	yrs5mos	ds. How long in U.S. if of foreign birth?yrsmosds.
:	. FULL NAME	Martha	Embich		
	(a) Residence: No	Scotla	nd Pen	nsylvania	Ward.
100000			(Usual place		If nonresident give city or town and State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
3.		r or race hite		RRIED, WIDOWED, D (write the word) OW	January 16, 193 5 (Month) (Oav) (Yeer)
5a.	Husband of (or) WIFE of John		tus Emb	ich	22. I HEREBY CERTIFY, That I ettended deceased from
	DATE OF BIRTH (month, day	D	ec. 28,	1858	Mast saw hell alive op face 193 death is said
_	AGE Yaars	Months	Deys	If LESS then	to have occurred on the gate stated above 2:00A m,
	76	0	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
7	8. Trade, profession, or pa	articular			Were as follows:
0	kind of work done, SAWYER, BDDKKEE	PER, etcH	ome Wor	k	
PA	9. Industry or businass in work was done, as S	SILK MILL.			Brouchiles; Chronico Duration:
OCCUPATION	SAW MILL, BANK, o		11 Total	time (years)	sigh years Quego
ŏ	this occupation (mo	nth end	Sp6	ent in this	, , , , , , , , , , , , , , , , , , , ,
		Chamb			Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)		arannia.		0.4-
2	13. NAME		Clure		artero-selvasia
FATHER					Name of operation two years, Data of
FA	14. BIRTHPLACE (city or to (State or country)	νη(nw	a -		Whet test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME	Catheri	ne Will:	iamson	23. If death wes due to external causes (VIOL ENCE) fill in also that following:
MOTHER	16. BIRTHPLACE (city or to		nown		Accident, suicida, or homicide?, Date of injury, 19
17.	INFORMANT Mrs.	Norman	Baker,		Whera did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
10	(Addrass) Hage:	rstown,	Md.		
18.	Pleca Chambe		Pa. Jan	n. 18 . 35	Mannar of injury
-	riota		vale v ou		Nature of injury
19.	UNDERTAKER Fre	d W. Kr	aiss,		24. Wes disaase or injury in any way ralated to occupation of decaased?
	(Address) Hage	erstown	7/11	4/2	If so, spacify
20.	FILED - 16-	19/7/	nost	1 suce	(Signad) M. O.
				Registrar.	(Rddrfss) - Tolds 1 - books 12

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Roberting U. S. No. 1.

B.—WRITE PLA

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Example I	41	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 8 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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MARGIN

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURBAU V B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,			
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3 11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy 1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state n plain terms, so that it may be properly classified. Exact statement of OCCUPA- int. See instructions on back of certificate.	1. PLA
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N. B.—WRITE P mation shot CAUSE OF TION is ve	20, FILED.
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STATE OF MARTLAND	CERTIFICATE OF DEATH 00935
County Washington	Registration Dist. No. 34
	ND. St., Wa
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosmos.
2. FULL NAME Clarance Caward 7	Monera
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fr
DATE OF BIRTH (month, day, and year) 1-11-35	I last saw h alive on
AGE   Years   Months   Days   If LESS than 1 day,	to have occurred on the dale stated above, at 12.15m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were exfolious?  Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	last Selt on 12-30-34
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decoased last worked at 11. Total time (years)	8
10. Date decoased last worked at this occupation (month and spant in this occupation	
z. BIRTHPLACE (city or town) was Hancock wd.  (State or country)	Other Contributory Causes of importance:
13. NAME Lange dward Hamers  14. BIRTHPLACE (city of lown)	
14. BIRTHPLACE (city of lown)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Waile Youvell  16. BIRTHPLACE (city or town)  (State Physics)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
7. INFORMATIONEY Edward Hlowers.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL PLATING THE THE PROPERTY OF T	Manner of injury
9. UNDERTAKER Paul Cock mid	24. Was disease or injury in any way releted to occupation of deceased?
10. FILED 1-11, 135 Il Jacobina. Registrar.	(Signed) Herbert Of Johnson M

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	Example I		Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 6 1935	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. B.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		Ji			

1. PLACE OF DEATH	OEKTH TOXTE OF BEATTH	00
County Washington,	93-e)	_
	Registration Dist. No. 3.00	
Village or City Coader Creek	NoSt., death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
Length of residence In city or town where death occurred 22-yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Emma Drances	Ford	
(a) Residence: No. Beaver Creek	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1-
Temale White married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended de	assessed from
(or) WIFE of John Fond	15 to the 7"	eceased from
6. DATE OF BIRTH (month, day, and year)	1.1 /3/57	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
78 4 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade properion or particular	Cere bral Thewarrhes	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Julya
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this peapation (month and		
this occupation (month and year)		
70	Other Contributory Causes of importance:	1 /2.
12. BIRTHPLACE (city or town)	ageris Helevico	July 24
The state of the s	Kinami My Carances	face 5
E was with		
(State or country)	Name of operation Date of	
IS. MAIOEN NAME COLORS	What test confirmed diagnosis?	opsy/
15. MAIOEN NAME Odaline Harbaugh 16. BIRTHPLACE (city or town). Salidlandle	Accident, suicide, or homicide?	10
O 16. BIRTHPLACE (city or town) State or country)	Where did injury occur?	, 13
TO WEST LONG TO A .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	) CF
17. INFORMANT (Address) Hogy at the Market M	, , , , , , , , , , , , , , , , , , , ,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 20 onston Mate an-10, 1930	Nature of injury	
19. UNDERTAKER CUM 3. ADOST YSON	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Bookston Md.	If so, specify	
20. FILEDJan-10: 19 35 William 7 Dast	(Signed) A Square / hule,	M. D.
Registrar.	(Address) Danie woo , md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00937
1. PLACE OF DEATH	<u> </u>
County	Registration Dist No. 30 2
Village or City A A A A A A A A A A A A A A A A A A A	No. 112 PANO AND St., Ward
An House	death occurred in a horpital or institution give its NAME instead of street and number)
Length of residence in city or to in where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME	Detiela 1
(a) Residence: No.	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX \ 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCEO (during the word)	193,0
5a. If married, widowed, or divorced	(Wonth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
111114-2h	The way of the first and the 19
6. DATE OF BIRTH (month, day) and year) 7. AGE Years Months Days If LESS than	I fast saw h; death is sald to have occurred on the date stated above, atm,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year) year)  12. Total time (years) sport in this year)	
1 1000000	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	News of any Alex
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME G. VIII	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAID N NAME G. 15. MAID N NA	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place NILLX UN OVV Troate. (0, 1997)	Nature of injury
19. UNDERTAKER AD A A A A A A A A A A A A A A A A A A	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED /- 26-, 19 35 Marf 1300000	(Signed) M. D.
Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-, more blanks are neces, accress State Registrat,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ORD. Every	HYSICIANS	t statement	
NG	NENT REC	TLY. P	fied. Exac	
OR BINDI	A PERMA	ted EXA	perly classi	tificate.
MARGIN RESERVED FOR BINDING	K-THIS IS	hould be sta	t may be pre	TION is very important. See instructions on back of certificate.
GIN RES	FADING IN	ied. AGE s	ns, se that i	structions on
MAR	WITH UN	efully suppl	in plain terr	ant. See ins
6	PLYMENTY,	hould be car	OF DEATH	very import
V. S. No. 1	B.—WRITE	mation si	CAUSE	TION is
V. S.	Z		(	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	VVJ50
County / ashington	Registration Dist. No. 316
Village or City Resolution and	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its NANTE instead of street and number)  death occurred in a hospital of institution, give its NANTE instead of street and number)  death occurred in a hospital of institution, give its NANTE instead of street and number)
2. FULL NAME Martha J. Batus	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finaly White Marriso	(Month) (Day) (Tear)
Se. If married, widowed, or divorced	
(or) WIFE of Vhradory Lates	22.   HEREBY CERTLEY, That i ettended decessed from
6. DATE OF BIRTH (month, day, end year) Aug 10 = 1909	I last saw h. 2 elive on 1 - 2 - 19. J.; death is seid
7. AGE Years Months Days If LESS then 1 day,hrs.	to heve occurred on the date stated ebove, at 7 300 m.
76 7 50 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Movers SAWYER, BIDKKEPER, etc.	fullyman Tuberaglass Z
4 9. Industry or business in which	James Conty
SAW MILL, BANK, etc.	( <del>)</del>
10. Date deceased last worked et this occupation (month end year) spant in this occupation occupation	
Blood above to d	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Tubercalor.
13. NAME Commer & Wyoud	Lary ng elis
14. BIRTHPLACE (city or town) Dennis willen m	Name of operation
(State or country) Wash	Whet test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME COSA BRUNCA	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Character State of Country)	Accident, suicido, or homicide? Date of injury, 19
had Element The	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
17. INFORMANT (Address)	opensy missing injury occurred in industrit, in nome, or in roberto reade.
18. BURIAL, CREMATION, DE REMOVAL	Manner of Injury
Place Date Date 1985	Nature of injury
19. UNDERTAKER Symmetry Co	24. Wes disease or injury in eny way releted to occupation of deceesed?
(Address)	(Signed) A. L. Wellowell. M. D.
20. FILED fan 31, 19 65 1 Vactor Registrat.	(Address Kreedy Soull O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Jul.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

and a
000

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	
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infor

. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	19411
1. PLACE OF DEATH	1	050	1377
County / Maria	alou	Registration Dist. No. 316	
Village or City Karoly	Koule	No. St.,	Ward
Langth of rasidanca in city or town where daath		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foraign birth?yrs	
2. FULL NAME Elwood	Eugene &	hiffith	
(a) Residence: No.	<u> </u>	/st/ Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIOOWED, OR-BUYORCED (write the Word)	21. DATE OF DEATH  (Month) (Day)	, 193 <b>5</b>
5a. If married, widowad, or divorced HUSBANO of	1 4	22. I HEREBY CERTIFY, That I attanded	(1.2.7)
(or) WIFE of Dura	NE.	Jan. 24 1935 to gan 25	19-3,5
6. DATE OF BIRTH (month, day, and yaer)	24235	lest saw home alive on Jan 124 14 1930	. ; deeth is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stoled above, at 10.36 A m.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profassion, or particular	7 77	nete 63 10110 m3.	Date of onset
A No. 1 No.		R L	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		remalace and	
SAW MILL, BANK, atc	1	delormed:	-
	11. Total time (years) spent in this	- Back of takull missing.	
yaar)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	astur Mich		
(State or country)	400000		
14. BIRTHPLACE (city or town)	confitte		
4 14. BIRTHPLACE (city or town)	ma detal	Name of operation Oata of	
(State of country)	480	What test confirmed diagnosis? Was there an	eutopsy?
15. MAIOEN NAME GALLER  16. BIRTHPLACE (city or town) 30.0.0.1	Lyramono	23. A death wes due to external causes (VIOL ENCE) fill in also tha followin	g:
[ 16. BIRTHPLACE (city or town)	w boro mac	Accidant, suicide, or homicide? Data of injury	, 19
Stete or sountry)	200	Where did injury occur?	
17. INFORMANT OF COLOR (Addrass)	Sriffilling	(Specify city or town, county and Ste Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	+11/= 4	Mennar of injury	
Place 25001100170 0	ate6_, 19-3_5	Nature of injury	
10 9 San	MARKE DY	24. Was diseasa or injury in any wey related to occupation of decaesad?	100
19. UNOERTAKER	N- DVR M	It so, specify	
20, FILEDJan. 26 1935	A Teeting	(Signad) V. W. Levan	M. D.
//	Rogistrar.	(Address) Boonstoro	
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	NDING	RMANENT RECORD. Every item of infor- X A CT LY. PHYSICIANS should state classified. Exact statement of OCCUPA.
0	V.S.No.1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IM	WILVIND CEN	TIFICATE OF DE	AID ODOLL
1. PLACE OF DEATH.		(159)	on Dist. No. 316
Village or City Kraysrell	n Inda No.		St., Ware
Length of residence in eity or term where death occurred		red in a hospital or institution, give its NA . How long in U.S. if of foreign birth?	ME instead of street and number)mosds
2. FULL NAME Slawwood	Column Bris	Sitte	
(a) Residence: No. (Usual	St.,	Ward.	ent give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICAT	
	MARRIED, WIDOWED, ORCED (write the word)	TE OF DEATH	26 ,1985 (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.		FY, That I attended deceased from
DATE OF BIRTH (month, day, end year)	2 4 1935 Plast sev	hum elive on January	25 1935 death is sa
AGE Years Months Days	s If LESS than 1 day,hrs. The PRII	occurred on the date stated evove, at 4.0	3 a.
8. Trede, profession, or perticuler	ormin. were as	follows:	Date of onse
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	mr.	$\rho$ $\tau$	7
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		remalur	
10. Date deceased last worked at this occupation (month and	Total time (years)		
	spent in this occupation	ontributory Causes of Importance	
2. BIRTHPLACE city or town Kardysvil	spent in this occupation	entributory Causes of Importance:	
2. BIRTHPLACE (city or town) Kardysvil (State of country) Wash	spent in this occupation	ntribntory Canses of Importance:	
2. BIRTHPLACE (city or town) Kardysvil (State of country) Ash	spant in this occupation Other Co		
2. BIRTHPLACE (city or town Kardysvil (State of country)	spant in this occupation Other Co	operation	
2. BIRTHPLACE (city or town) Caralysis (State or country)  13. NAME TO COUNTRY  14. BIRTHPLACE (city or town) Country  (State or country)  (State or country)	spant in this occupation Other Co	operation	Wes there en eutopsy?
2. BIRTHPLACE (city or town) Caralysis (State of country)  13. NAME Tavial Line  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Spant in this occupation Other Color Color Color Color Color Name of What test	operation	) fill in elso the following:
22. BIRTHPLACE (city or town) Caralysis (State or country)  13. NAME TO COUNTRY  14. BIRTHPLACE (city or town) Country  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME	occupation Other Co	operation	Wes there en eutopsy?
22. BIRTHPLACE (city or town) (State of country)  13. NAME (State of country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (State or town) (State or country)  16. BIRTHPLACE (city or town) (B. 10 ) (State or town)	Spant in this occupation Other College Other	operation	) fill in elso the following:  Date of injury
22. BIRTHPLACE (city or town)  (State of country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or equnity)  7. INFORMANT  (Address)  8. BURIAL, CREMATION, DR REMOVAL  MALE  10. MARCH MAR	Spant in this occupation  Other Co	operation	) fill in elso the following:  Date of injury, 19
22. BIRTHPLACE (city or town) (Asadysia) (State of country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAMI  16. BIRTHPLACE (city or town) (State or oqunlry)  7. INFORMANT (Address)	Specify was a specify with a specific with	operation	Offil In elso the following: Date of injury, 19 Or town, county and State) HOME, or in PUBLIC PLACE.
22. BIRTHPLACE (city or town)  (State of country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or equnity)  7. INFORMANT  (Address)  8. BURIAL, CREMATION, DR REMOVAL  MALE  10. MARCH MAR	Spant in this occupation  Other Co  Other Co  Name of Co  What tes  Where di  Specify was the color of the co	operation  t confirmed diagnosis?	) fill in elso the following:  Date of injury, 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WHEN WATER AND			
Other contributory causes of importance:		Other contributory causes of importance:	10 miles
Gallstones	May 1,1923	Gastroenteritis	1 year

		4					
		1					
				-	-		

STATE MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(53-0)
County Washington	Registration Dist. No. 382
Village or City Security	No. St Ward
(If Length of residence in city or town where death occurred 25-yrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
1 1 1	ds. How long in U.S. if of foreign birth?yrsdsds.
2. FULL NAME Charles M This	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Maried (write the word)	(Month) (Qay) (Yoar)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Mrs. Margerite Frum	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 71 3 1864	I last saw h Lice aliva on 1/3 f 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
70 // 3   f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Parolid Hand Stet
Industry or business in which work was done, as SILK MILL, Henral	Valoria Macca 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (mostle and	
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spant in this occupation occupation	, , , , , , , , , , , , , , , , , , , ,
N. P. 10 200	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) I Clar Damplus Manon (State or country)	
13. NAME Thomas Trimm	
14. BIRTHPLACE (city or town) Holenow	Name of operation Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Win Harnes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Known	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Mrs. Margerite Grimm	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Security mg	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Magustrum VIII Oate Jan 10, 1935	Natura of injury
19. UNDERTAKER Scott 7 Minnieb Llon	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Nagustgern, Ma	If so, specify
20. FILEO / - 4- 1935 (Massiloward)	(Signed) . M. D. M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FE 6 1535 -1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, dcsignate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	t l	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Carl Hall

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

N

1PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
County Wayume 400	(Qara)
	Registration Dist. No. 300
Village or City Ruggold (No.	St.: Ward)  (If death occurred is a hospital or Institution, give its NAME is stead of street and number.)
2FULL NAME Comma Reys	( ) number.)
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
Jemaile White (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
July 28, 1 (Month) (Day)	862 (Year) that I last saw h alive on 192
	SS than and that death occurred on the date stated above, at 10 a.m
	y hrs. The CAUSE OF DEATH * was as follows:
P. OCCUPATION	min. I ale elebral vemortage
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Clark II Com
business, or establishment in which employed or (employer)	(Duration) vrs. de
9 BIRTHPLACE (State or country) He sederable co Rud	Contributory Olevano Olevano Secondary (Duretion) 6 yrs. usos de
10 NAME OF	(Signed) Wallie Hericha S. M. D.
FATHER Seles Rounes	107-7 1975 (Addresso aysustoso Pa
OF FATHER  (State or country) Fredrick Co Ma	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER many Jane Haw.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Fredrick to Ind	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Herman Wess	Former or usual residence
(Address) Waynesbow Pa P	754 Ringgold Cemetery und 1/8, 1935
15 Filed Jan. 7 1935 Yww. W. Fung	20 UNDERTAKER JADORESS Waynesbore.
If more banks are needed, address tate	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—continue, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive: a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Laborer--Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEALY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer "(the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptom-10 ds. Never report mere symptoms or terminal condi eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injuny can be ascertained as the cause. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be discase; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	003

1. PLACE OF DEATH	
County Washington MITER	Registration Dist. No. 202
Village or City Had a ers town -	No. 350 n. VannonArcst 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
m ha	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TYLYS ET mma 5.	Hose
(a) Residence: No. 350 M. Cannor Av	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fruele White OR DIVORCED (write the word)	Jany 22 1935
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Samuel C.	Han 19 , 1955, to you 22, 1935
6. DATE OF BIRTH (month, day, and year) Que 1 - 1870	I last taw h alive on 1935; death is said
7. AGE Years Months If LESS than 1 day,hrs.	to have occurred on the date stated above, at
65 - d1, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	70
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Misocardial hisofficiares
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11 40 Caras and pace
10. Date deceased last worked at this occupation (month and spent in this spent in this	
this occupation (month and 77 spent in this occupation	
12. BIRTHPLACE (city or town) Funks town	Other Contributory Causes of importance:
(State or country)	Indle arm a
II 13. NAME Joles G Schwinger.	7
13. NAME John Golden Golden inger.	Name of operation 2000 Date of
(State or country) Dexman	What test confirmed diagnosis? Was there an autopsy? he
15. MAIDEN NAMENQVITTA TTOMASET.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME OF QV ITA THE ASCY.  16. BIRTHPLACE (city or town).  (State or country).	Accident, suicide, or homicide?Oate of injury
(State or country) Jermani	Where did injury occur?
17. INFORMANTYS WY Sparrow -	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Hagly stown led	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plant Way US TOUM, W COOK W COULD 1903	Nature of injury.
19. UNDERTAKER A K. COVY man	24. Was disease or injury in any way related to occupation of deceased? 2.5
(Address) Hagerstown, 141)	If so, specify
20. FILEO /- 24. 19.35 6 Ks St 1000000	6 (Signed) M.D.
Registrar.	(Address) Hagendam ha
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00947
1. PLACE OF DEATH	200
county Washington	Registration Dist. No. 302
Village or City A Ca ca cas town	No. 1341, VV North St., 5 Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospitator institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sarah Johnson	
(a) Residence: No. \341/2 VV. \0 by\\\(\text{Usual place of abode}\)	St Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Causs.	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \Quantum \( \text{Line 1870} \)	I last saw a aliva on gran B& 1 1932 -death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, a 6 m.
65 - 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, \\ SAWYER, BOOKKEEPER, etc. \\ \ OU Seasowyll.	alula De l'adalum ?
9. Industry or business in which	Heart O
work was done, es SILK MILL, SAW MILL, BANK, atc	Primary Cause: Chaonia myscarditis.
this occupation (month and 8-) 935 spent in this 104 YS-	
12. BIRTHPLACE (city or town) Fyont Royal	Other Coutributory Causes of Importance:
(State or country)	Colcl
13. NAME 20 km - Yaule 1:n.	
13. NAME 20 km Frank 1: n.  14. BIRTHPLACE (city or town) Front Royal	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME NO ROCAL  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) \( \	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT SOC P. French (Addrass) How ex Status	(Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place the gev Stown us Date any 31, 135	Manner of Injury
19. UNDERTAKER 9 12 COX X LL C	24. Was disease or injury In any way related to occupation of deceased?
20. FILED / - 29 - 135 6/6/1300000	(Signed) f. a. Jonlon M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00948
1. PLACE OF DEATH	302.
County Washington	Registration Dist. No.
Village or City 10 agristoww	No. Wash-Co. Haplital St., - Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME I orothe Kerr	
	Z St. 2 Ward.
(a) Residence: No. 425 (Soul place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 3 193 (Year)
5a. If married, widowed, or divorced	22. A HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Uru Cause Kerr	19 , 30 , to Jan 23 , 19.35
6. DATE OF BIRTH (month, day, end year) Suly 201/90/	last saw ho a alive on said 1934 deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the deterstated above, et. II. HOGm.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER.	Date of vinest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	7
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at	Mytearditis-
10. Date deceased last worked at this occupetion (month and spent in this /2 500	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Rew Bedford	Preguency - emones
(State or country)	mighribet
13. NAME (ACCEPTED TO THE PROPERTY OF THE PROP	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	What test confirmed diagnosis?
I	23. If death was due to external causes (VIOL ENCE) fill In also the following:
[State or country]	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
uru C. Kerr	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	apolity misting mysty desired in the series, in front, or in 1 object 12.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ALLS Date Date 1935	Nature of injury
19. UNDERTAKER Enduler & Love (Address)	24. Was disease or injury inversely way related to occupation of deceased?
1->11-025 64 61 HB	(Signed) Allerkerreach M. D.
20. FILED Registrar.	(Artighes)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. S. No. 1

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washington	
A A A A A A A A A A A A A A A A A A A	1 4 0 11 113
Village or City Staglistrum (No. 100) 2FULL NAME THERE Clin	Murgan (00. HTSL: #3Ward)  (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 -INGLE. Infaut	16 DATE OF DEATH
male white word	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
January 22, 1935	thay I last saw how after on Sacr 1 2 19235
7 AGE (Nonth) (Day) (Year	and that death occurred on the date stated above, at 12 130 Cm.
Stillbirth If LESS than I day	The CAUSE OF DEATH & was as follows:
yrsds ormin.}	
8 OCCUPATION (a) Trade, profession or	Grensten Lator
particular kind of work (b) General nature of industry	Steel buth)
business, or establishment in Which employed or (employer)	(Duretion)
9 BIRTHPLACE (State or country) Manual Canal	Contributory Mysearle Lea ?
10 NAME OF	Ma Dourant of Light Mas C Cide.
FATHER Wm. dane terr	(Signed) M. D. M.
of Father Z (State or country)	*Store the Disease Capping Dooth on in deaths from
TI 12 MAIDEN NAME OF HY	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Working Ungma Noye	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
18 BIRTHPLACE OF MOTHER (Siste or country)  Waso	At place In the of death yrs mos. ds. State yrs mos. ds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or
(Informant) Wm. Lane Kerry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Augustown, Md	Rose Keill 1/23, 19.35
Filed /-23-1935 phase former	20 UNDERTAKER ADDRESS
Registrai	Tomsuter Loud Hageritous
If more blanks are needed, addross State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00949

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemond, etc. If the occupation has been changed laborer, er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salcsman, (b) should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write Nanc. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, (b) Automobile fectory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womspecifically the occupations of persons en-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; ohar pneumonia, Bronchopneumonia ("Pneumonia";

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," as fracture of skull, and consequences (e.g., sensis, telanus) may be stated under the head of "contributory" diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstil at nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury American Medical Association.) Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. The contributory valvular heart of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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00950

1. PLACE OF DEATH /	93-0)
county Casherralare	Registration Dist. No. 302
Village or City 10 de a 1 the lower	
Village of Oily 2 to the Control of	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whera death occurredyrs,	os. 6ds. How long in U.S. if of foraign birth?yrsmosds.
2 FILL NAME Wielast SC	1111111
(A) Desidence   1   1   1   1   1   1   1   1   1	St. J Ward.
(a) Residence: No. J.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the stord)	193 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceesed from
(or) wire or	Alle 20 ,1934 , 10 Jan 2 ,1936
6. DATE OF BIRTH (month, day, and year)	
7. AGE Yaers Months Days If LESS than	to have occurred on the data stated above, et 3 Pm.
76 2 4 1day,hi	THE I RESTRICT AS CAUGE OF DESCRIPTION OF THE PROPERTY OF THE
Trade profession or particular	were as follows: Date of onset
kind of work done, es SPINNER,	Muscorde les 1 +
SAWYER, BOOKKEEPER, etc.	1.1:4.
work was done, as SILK MILL, SAW MILL, BANK, etc.	definite: unknower Quego
U ID. Date deceased last worked at / 11. Total time (years) this occupetion (month end spant in this	
this occupetion (month end // 3/4 spant in this occupation Sound occupation Sound occupation Sound occupation Sound Soun	0.
min omintle	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Seule
	- National Control of the Control of
13. NAME Aura Tunia 14. BIRTHPLACE (city or town). My ers wille	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was thara an au'opsy?
15. MAIDEN NAME Euro Company  16. BIRTHPLACE (city or town) My 210 or le	23. If daath was due to externel causas (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) My evo in the	Accident, suicide, or homicide? Date of injury 20719
(State or country)	Where did injury occur? Two Yuw
Mrs arty Browns	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Washington and	row
18 RURIAL CREMATION OR REMOVAL	Manner of Injury Proceed
Place Myersvelle Dete 15, 193	Nature of injury Zoul
121 - 1 - 1	5/
19. UNDERTAKER OUGSILES OF TO TO	24. Was disease or Mury In any way releted to occupation of decaasad?
(Address) Jagerstourn wa	If se, specify
20. FILED 1-3- 1035 Phast Bower	(Signed) M.D.
Registrar.	(Addrass) 1 agentours They

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH should state of OCCUPA-PHYSICIANS Exact statement A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. LY. -WRITE PL. V. S. No. 1

County Willage or City ACL PRINTED AND COUNTY City County and State Ward Length or reaction in city or fown where death occurred by the house of interest and number?  Length or reaction in city or fown where death occurred by the house of interest and number?  Length or reaction in city or fown where death occurred by the house of interest and number?  Length or reaction in city or fown where death occurred by the house of interest and number?  Length or reaction in city or fown and State of the house of th	1. PLACE OF DEATH	(722)V
Village or City	county Washing for	Registration Dist. No. 30 2
Langth of residence in city or town where death occurred S. rs	Village or City Holden town	7/2 7/ /9 -+
(a) Residence: No. 7/3 M. ACCURATION St., Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  BY BY COLOR OR RACE  5. SINGLE MARKIED, WIDOWED  OR BYOKEDE WINCE WORD  OR BYOKEDE WINCE WORD  St. If married, widowed, or diversed with the work of the word	1-18	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 713. W. Coulsele (Coulse) Land (Coulse)	Length of residence in city or town where death occurred yrs,m	osds. How long in U.S.If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX J. (COLOR OR RACE S. SINGLE MARRID, WIDOWED, OR DYNOCED Countries were and State	2. FULL NAME W Lave	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  3. COLOR OR RACE  3. SINCLE MARKED, WIDOWED  3. OR DIVORCES (white the world)  5. It married, widowed, or divorced  WISSAND of Color of Months  5. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  7. AGE  7. AGE  8. Trada, profession, or particular kind of wirk dome, as SPINNER, Lag.  8. Trada, profession, or particular kind of wirk dome, as SPINNER, Lag.  8. Trada, profession, or particular kind of wirk dome, as SPINNER, Lag.  9. It less tawn h.d.g. alive on J.d.g. 2. 19.32; death is said to have occurred on the date disted above, at AC. IS. A  10. SWINNER, BONKEREPR, etc.  11. Total time (yeers)  12. BIRTHPLACE (city or town). As a granton.  13. NAME  14. BIRTHPLACE (city or town). As a granton.  15. MAIDEN NAME  14. BIRTHPLACE (city or town). As a granton.  15. SMITHPLACE (city or town). As a granton.  16. SMITHPLACE (city or town). As a granton.  17. INFORMANT  18. BIRTHPLACE (city or town). As a granton.  19. SMITHPLACE (city or town). As a granton.  19. SMITHPLACE (city or town). As a granton.  19. SMITHPLACE (city or town). As a granton.  10. In the catalogue of the continual of the continual of the continual of the continual of the profession.  19. SMITHPLACE (city or town). As a granton.  10. In the catalogue of the continual of the c		
3. SEX  A. COLOR OR RACE  OR DYORCED Comit the word  So. If married, widowed, or divorced  WINSAND of  GOLD MEE BY  Color Month, day, on year)  Months  Days  If LESS than  1		
## STAGE CONTROLLED OF TOWN AND ASSESSION OF PUBLIC FLACE    ACT   Control		
So. If married, widowed, or divorced (Wonth)  So. DATE OF BIRTH (month, day, end year)  So. DATE OF BIRTH (LAUSE Classes of Importance)  So. DATE OF	Talale left, OR DIVORCED (write the word)	4
6. DATE OF BIRTH (month, day, end year) Aur of 10 13 4 10 13 5 10 13 5 10 10 10 10 10 10 10 10 10 10 10 10 10		
8. DATE OF BIRTH (month, day, end year) Mus r 5   16   18   18   19   18   19   18   18   18	HUSBAND of	22. I HEREBY CERTIEY. Thet I ettended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    Trade, profession, or perticular kind of work dome as SPINNER.   Lage   2009.	Make Maulery Tours	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal causes of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of importance were as follows:  Note of the principal cause of	6. DATE OF BIRTH (month, day, end year) Jan - 6 /8 /6	I lest saw h day alive on Jan 2 , 1935; death is said
8. Trada, profession, or perticular kind of work dona, as SPINNER.  SAVER, BOOKEEPER, etc.  9. Industry or business in which work was dona, as SPINNER.  10. Date of onset of this occupation (month and year)  11. Total time (yeers)  12. BIRTHPLACE (city or town)  (State or country)  13. MAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signer)  (Address)  (Signer)  (Address)	The same of the sa	to have occurred on the date stated above, at 10:15 Pm.
8. Trada, profession, or perticular kind of work doma, as SPINNER Large Way.  SAWYER, BOOKKEPER, etc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATIQN, OR REMOVAL  Plece  19. UNDERTAKER  (Address)  20. FILED  19. UNDERTAKER  (Address)  21. SWANGE  (Address)  22. Was disease or injury In any way related to excupation of deceased?  (Signed)  (Signed)  (Address)		were se follows:
Other Contributory Causes of importance:   12. BIRTHPLACE (city or town)	8. Trada, profession, or perticular	
Other Contributory Causes of importance:   12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	- (Mediastiniums + Nick)
Other Contributory Causes of importance:   12. BIRTHPLACE (city or town)	a Industry or business in which work was dona, as SILK MILL, Med. The atar	
Other Contributory Causes of importance:   12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc	
Other Contributory Causes of importance:  Other Contributory Causes of i	spantin this 1	3
(State or country)    13. NAME     14. BIRTHPLACE (city or town)     15. MAIDEN NAME     16. BIRTHPLACE (city or town)     17. INFORMANT     18. BURIAL, CREMATION, OR REMOVAL     18. BURIAL, CREMATION, OR REMOVAL     18. BURIAL, CREMATION, OR REMOVAL     19. Solution   19. Solut	7/ accent	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIQA, OR REMOVAL  Plece  (Address)  19. UNDERTAKER  (Address)  10. Mame of operation.  What test confirmed diagnosis?  Name of operation.  Name of operation.  Name of operation.  Name of operation.  Name of ope		
What test confirmed diagnosis? What Local		
What test confirmed diagnosis? What Local	± 71	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  (Address)  19. UNDERTAKER  (Address)  20. FILED  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury In any way related to pecupation of deceased?  (Signed)  (Address)  Manner of (Address)  (Signed)  (Signed)  (Address)  Manner of (Address)  (Address)  (Address)  (Address)  Manner of (Address)	14. BIRTHPLACE (city or town).	Charles V. Pa
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  Plece  Address  Date  J., 19. 2. 2. 2. Nature of injury  19. UNDERTAKER  (Address)  18. So Closeft Booker  (Address)  (Signed)  (Signed)  (Address)		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  Plece  Address  Date  J., 19. 2. 2. 2. Nature of injury  19. UNDERTAKER  (Address)  18. So Closeft Booker  (Address)  (Signed)  (Signed)  (Address)	T IS. MAIDER HAME	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Date Date 17. 19.25  19. UNDERTAKER CALLER	O 16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Plece Detection Date J., 19 2.2 Manner of injury  19. UNDERTAKER CALLER TO SELECTION OF deceased?  (Address)  20. FILED J., 19, 35 Collos fr Boulet (Signed)  (Address) (Signed) (Address) J. M. D. Registrar.  (Address) J. M. D. M. D. (Address) J. M. M. D.	The Park	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Plece Description Date Date Nature of injury  19. UNDERTAKER CALLES Date Date Date Date Date Date Date Date		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Plece Para Date 7.19.20 Nature of injury 19. UNDERTAKER CALLED Source Turns 19. Source 19. Source 19. Source 19. Source 19. Source 19. Signed 1		Manney of Inform
19. UNDERTAKER CALLES Source Tues.  24. Was disease or injury in any way related to pecupation of deceased?  If so, specify  (Signed)  (Address) 1. 19. 3.5. 6. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Plece Aspertitores Date 7 193	
20, FILED	De la fine	
20. FILED / - 7 - 1935 Collos from (Signed) (Signed) My M. D.  Registrar. (Address) 1.7 My Ly J. My M. D.		
Registrar. (Address) 17 My My 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-7- 25 Colles 12 - 001	The state of the s
		17 10411

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
wenter V. S.	13		
Other contributory causes of importance:	*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of infor-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00952
1	. PLACE OF DEATH	11-8
	County Washington	Registration Dist. No. 302
	VIIIAPE OF CITY	No. Las Well Of Ull St., St., Sward death occurred in a hospital or institution, give its NAME instead of street and number)
	S A	ds. How long in U.S. if of foreign birth?yrsmosds.
. 9	FULL NAME Millie Moxley Lewis.	
Ī	(a) Residence: No. 129 W. North	St., 5 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Female   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)   Widowed.	21. DATE OF DEATH  Jan 23 , 193 5 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Joseph Lewis.	1 HEREBY CERTIFY, That I attended decessed from 1931 to Jan 23 1935
	DATE OF BIRTH (month, day, and yeer)	I last saw h a alive on face 7:45 P. M. death is said
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were estipliows:
NO	8. Trade, profession, or particular kind of work done, es SPINNER, Home Work SAWYER, BOOKKEEPER, etc.	Blical for 20
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	"3.5-
000	10. Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation	
12.	BIRTHPLACE (city or town) Winchester • Va •	Other Congressory Causes of importance:
E P	13. NAME Unknown	
FATH	14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
ER.	15. MAIDEN NAME Unknown.	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town) Unknown • (State or country)	Accident, suicide, or homicide?
17	INFORMANT Mrs Lizzie Jones.  (Address) Hagerstown.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18	BURIAL CREMATION, OR REMOVAL Place Rose Hill Cemet Date Jan 26 , 19 35	Manner of Injury
19	UNDERTAKER Fred W. Kraiss.	24. Was disease or injury in any way related to occupation of deceased?

Registrar. (Address) 2 4 5 M. Jouanna M. D. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

S. No.

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E SENEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of enset

10-3

Was there an eutopsy?

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PENERU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

Langth of residence in city syryownshare death occurred yrs. mos. ds. How long in U.S. If of foreign birth? wes. mos. ds. How long in U.S. If of foreign birth? wes. ds. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. ds. How long in U.S. If yrs. ds. How long in U.S. If yrs. ds. How long in U.S. If yrs. how long in U.S. If yr	1. PLACE OF DEATH	CLITIFICATE OF DEATH
Village or City. Means and Control of Manager City of Means and Control of St. March Langth of residence in city optownshare dasth occurred yrs mos ds. How long in U.S. If of foreign birth? Ward.  2. FULL NAME Levil T. March Levil St., Ward.  (a) Residence: No. Manager City of Lown and State Personal And Statistical	County Evasline steed	(121)
Langth of residence in city optownshase death occurred.  Langth of residence in city optownshase death occurred.  Langth of residence in city optownshase death occurred.  Manual Months Statistics (Unusipace of bode)  PERSONAL AND STATISTICAL PARTICULARS  A. COLOR OR RACE  S. SINCLE MARRIED, WIDOWSD, OR Worth the yeard)  OR DIVORCED (very the yeard)  A. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWSD, OR Worth the yeard)  OR DIVORCED (very the yeard)  OR DIVORCED (very the yeard)  A. SEX  Months  Days  H. LESS than this compation, or perticular kind of work done, as SPINHER, Red.  S. Ander Or BIRTH (month, day, and year) PLOY 2 3 4 1 1 1 2 1 2 2 1 1 1 1 2 1 2 2 1 1 1 1	1 . 10	
Langth of residence in city grownshins cash occurred yrs		
(a) Residence: No. Items amount less that service of shocks of the control of the	Length of residence in city op townwhere death occurredyrs,m	
(a) Residence: No. ** ** ** ** ** ** ** ** ** ** ** ** **	2. FULL NAME LOOK HE MASTICE	
Description of the personal and State Personal And		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWS OR DIVORCED (write the port) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. TAGE 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or perficular independent of the profession of perficular independent independent of the profession of perficular independent of the profession of perficular independent independent independent of the profession of perficular independent in		
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Dela Te Grand Registrar. (Address) Have trong In 1	20. FILED Jan. 17, 1933 Klings Kr. Oreworth	

If more blanks are Reeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

INTH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

IARGIN RESERVED

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

carefully supplied. AGE should be

-WRITE PLAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 009	157
1. PLACE OF DEATH	(50)	
County Washinston	Registration Dist. No.	2
CONTRACTOR OF THE COURSE	202 / 100 16	Word
Village or City (If	No. St., death occurred in a horpital or institution, give its NAME instead of street and number)	ANGIO
Length of residence in city or own where death occurred	ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME LESS M- M. C.	el	
(a) Residence: No. 302 W. Potomore	St., 4 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Jan 27, 193,5	<u></u>
5a. If merried, widowed, or divorced	(Month) (Day) (Ye	eer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decease	d from
	1934, to Jany, 27, 19	35
6. DATE OF BIRTH (month, day, and year)	I lest saw h &7 alive on Jany (27 8 , 1935; death	Is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
59 4 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade profession or particular	Dated	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPR, etc		
kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc.  SAWYER, BODKKEEPER, etc.  SAWYER, BODKKEEPER, etc.  10. Date deceased last worked at 11. Total time (years)  This occupation (month and spent in this second in	Careenous Of right breas	
SAW MILL, BANK, etc.	Metarosis 070 / Spine /	Low
		DC C-0 0
year) occupation occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) 26 agenstuse	Other Continues of Importance.	
(State or country)		
13. NAME Wen C. Metre		
14. BIRTHPLACE (city or town) Lufter Control (State or country)	Neme of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	)
15. MAIDEN NAME GRAND K- Will Kank		
I 7/2 7	23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) A Conference (State or country)		/
1 (State of County)	Where did injury occur? (Specify city or town, county and State)	
17, INFORMANT May M	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
(Address) 303 // - 100 // - 118. BURIAL, CREMATION, DR REMDVAL		
Plece Person 1935	Manner of Injury	
1900-1, 1900-	Nature of Injury	
19. UNDERTAKER ELECTRICA PARA	24. Was disease or injury In any way related to occupation of deceased?	
(Address) the service of the service	If so, specify	
20. FILED 1-29- 1935 Chast Bowers	(Signed)	M. D
Registrar.	(Address) Aragenolows	1-0-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
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N. B.-WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00958
1. PLACE OF DEATH	93-0
County Mashing Long	Registration Dist. No. 30 2
Village or City of Terstown	No
Length of residence in city or town where death occurred	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Caroline It hall	Jehring
(a) Residence: No. 309 Regnolds an	Le 2, 2 Ward.
(Usual/Slace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Simale white OR BIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	22.   I FEREBY CERTIFY That I attended decessed from
m. 10 1253 1	Jan. 8 1935 10 Jell 21, 1935
6. DATE OF BIRTH (month, day, and year) /	to have occurred on the date stated above, et A
82 / 22 fday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.,	ho purporal delia Duration:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.,  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	nic of sig monther with
fO. Date deceased last worked at this occupation (month and year) - 1f. Total time (years) spent in this occupation - 1f. Total time (years)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) / /auffand.	artiro-Seleracio
13. NAME Jamuel Hess	
14. BIRTHPLACE (city or town) Agrand	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME An Coult	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, sulcide, or homicide? Date of injury, f9
17. INFORMANT Mrs. Dennis Byers ? (Address) 309 Regnolds and Magneton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tettlestown Date fan 33, 1933	Nature of Injury
19. UNDERTAKER John M. Little (Address) Littlestown PA,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 21 , 1935 Chas H. Bowers	(Signed) Jayran M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	<u>.</u>	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Guisiones	May 1,1925	Cusa venter aus	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 2 of OCCUPA-

County Washington  Village of Williamsport Md  Length of residence in city or town where death occurred life mos.			me J	Registration	Dist. No ?	01		
			Potomac st			Waind number)		
	AME Sarah Bence: No. Same	as	Ment above		St.,Ward.	If nonresiden	t give city or town	and State
PERSO	NAL AND STATIS	TICAL	PARTIC	CULARS	MEDICAL CER			
s. sex femal	4. COLOR OR RACE white	0		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	Jan.	25,1935	, 193
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of William Mentzer			22 I HEREBY			(Year) ed deceased fro		
	H (month, day, end year) Years Months	Nov	. 12,		I lest saw h	Jan /	20 ,193	, 19 <b>3 9</b>
66	2		Days 13	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH ware as follows:		+5-P. M.	Date of one
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWOIK  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at 10.77   11. Total time (years) 4.50			Businana	Jst	onach			
(1112 01	10. Date deceased last worked at this occupation (month and 1933   11. Total time (years) if e occupation (control of the company)		Other Contributory Causes of importa	0				
12. BIRTHPLACE (State or c	(city or town) # illi ountry)	ams	port-	-Nd				
13. NAME	lbert Mc Co	V						
4. BIRTHPLA	CE (city or town)		nd		Neme of operation	2.,	Date of	
	NAME Emma Arc CE (city or town) Will or country)			Md	23. If death was due to external ceuses Accident, suicide, or homicide?	(VIOLENCE) fi	ill in also the follow	ing:
17. INFORMANT Williams Mentzer (Address) Williamsport Md			Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE			tate) PLACE,		
	ation, or removal — 11 1 ams port - M	Q Date	.Jan.	2.7,19.35	Manner of injury			
19. UNDERTAKER (Address)	Albert Leaf		rt	Md	24. Was disease or Injury In any way I	related to occup	ation of deceased?_	no
20. FILED Ja.	12619367	2 &	pla	boud	(Signed)	unden	equal	м.

DADEG

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE PLA

V. B. No. 1

00960

1. PLACE OF DEATH				(210-m)	
County Washin	eton			Registration Dist. No.	02
Village or City Way	ston	LIMITE OF	(16	No. Washington County Hosiptal death occurred in a hospital or institution, give its NAME instead of street and no	3 Ward
Length of residence in city or to	wn where dea	oth occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmo	sds
2. FULL NAME Use  (a) Residence: No. 70	ness 7	umm	Teredit	St., 2 Ward.	
PERSONAL AND ST	ATISTIC	(Usual place of		If nonresident give city or town and S	State
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEATH	
male white	CACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH  Jan 20  (Month) (Day)	193 <b>5</b> (Year)
5a. If married, widowed, or divorced HUSBAND of				V Company	
(or) WIFE of Cathe	rine	a me	redith	22. I HEREBY CERTIFY. That I attended d	eceased fro
6. DATE OF BIRTH (month, day, and y	eer) M	ur 31	1849	I last saw h elive on, 19	: death is sei
	donths	Days	If LESS than	to have occurred on the date steted above, at 2'55Pm.	-
8-5-	7	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et	NNER, Sto		ttu.	were as follows:  Dendo due les result of  The work of the less of the second of the s	Date of onse
work was done, as SILK M SAW MILL, BANK, etc		11. Total tip		Meidenlas	
12. BIRTHPLACE (city or town)	Zrac	ehan	pation	Other Contributory Causes of importance:  Outomalik serident occurring in Hagenstone Sobasite entrance to City Park.	2
E 13. NAME Somo		mere	dith	J. Gugg	
13. NAME 14. BIRTHPLACE (city or town)	Unix	nton	en	Name of operation Oate of	
(State or country)		md		What test confirmed diagnosis? Was there an au	1' opsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	nary	ann	Schriver	23. If death wes due to externel causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) (State or country)	Thu	most		Accident, suicide, or homicide? Accident Date of Injury formers  Where did injury occur? It against annual washington County and State  (Specify city or town, county and State	wound.
17. INFORMANT M. Lan (Address) / La gly	Tour	+. Mere	dith	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	ĆE.
18. BURIAL, CREMATION, OR REMOVA	NI	Date fan	22 ,1935	Manner of injury Sutomable vesident	
19. UNDERTAKER Susting (Address) La gui	misto	unic	h Json	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED Jan 21 , 1935	- 6ha	2.4.13	owers Registrar.	(Signed) freshould Druff Drug Comments	ne M

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Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Odlan sandrib dom on the firm to			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST.	CATEMENTS I	BY	PHYSICIAN
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BINDING

RESERVED

ARGIN

1875- 2 18

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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(Address)

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rte it	4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state	UPA	1. PLACE OF DEATH	93-20
	220	county Washington	Registration Dist. No. 1303
item of should		Village of the av Wilsons.	No. Weskern Pilse st Ward
S s	of	O I	death occurred in a hospital or institution, give its NAME instead of street and number)
	ent	1.1 11 11 11 1.1	ds. How long in U.S. if of foreign birth?yrsmosds.
D. Ever. SICIAN	statement	2. FULL NAME L. V III all III all	
RD.	sta	(a) Residence: No. Y Y & S Y & Y Y Y \ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
COR	ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E X		Female White OR DIVORCED (write the word)	Jany 16 , 1935
NG E	fied	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)
BINDING FERMANE EXACTI	assified	(or) WIFE of Sinals.	22. 1 HEREBY CERTIFY, Thet i ettended deceased from
N N X	cla .	Carta-1861-	, 130
-	rly	6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS than	i last saw h elive on
FOR IS A stated	properl certifica	10d 11 1 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
	- 1	8. Trade, profession, or perticular	were es follows:
HIS Pe	of of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housework	Chronic myscarditis 8420
RESERVED G INK_THIS GE should be	may	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this coveration (month and	
ERV VK—T	it n	SAW MILL, BANK, etc	
留日風	0 +	o this occupation (month and q 2 q spent in this occupation 3 4 4 4	
. 24		Wileane	Other Coutributory Causes of importance:
ARGIN JNFADI pplied.	s, so	12. BIRTHPLACE (city or town) (State or-country)	aderial sclerosis 1042
RG VF/	terms,	II 13. NAME Sauce Witchell	Cira Carrette
MAR UNF suppli	n te	14. BIRTHPLACE (city or town)	Name of operation 9 Date of
30	S	(State discounty)	Whet test confirmed diegnosis? Wes there en autopsy? No
WIT	in pl	15. MAIDEN NAMELLS QUE TURE	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
L	EATH in 1 important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
pe o	DEATH y import	E (State or country)	Where did injury occur?
O P	AA	17. INFORMANT 205 Cph Mitahell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
PLA Should	OF D	18. BURIAL CREMATION, OR REMOVAL	
	E.E	Place A Date Date Date 1835	Manner of injury
WRITE	CAUSE TION is	N × 0	Nature of Injury
ına	SE	19. UNDERTAKER T	24. Was disease or injury in any way related to occupetion of deceased?
B. R.	1)	(Augusta)	If so, specify
s z	-	20. FILED an 1935 Propy Moching. Registrar.	(Signed) M.D. (Address) Winifort M.A.
5 73	בתם		2411 N. Charles Street, Baltimore, Requesting TU. S. No. 2.
7 _			, and the state of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ν,	<i>(</i> §		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITTOTATION	DI TION I O	TO T. CATOR TAYANT	DETERMINATION	17 1	T TT T DY CYTTA

-WRITE

1. PLACE OF DEATH	75)
County Washington	Registration Dist. No. 30 2
Village or City Hagerstown	No.488 McDowell ivenue St., 5 Ward
Length of residence in city or town where death occurred 31yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  smosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MARTIN A. MORGA	
(a) Residence: No. 488 McDowell Aver	
(Usual place of abod	
PERSONAL AND STATISTICAL PARTICUL	
Male White 5. SINGLE, MARRIED, VOR DIVORCED (write Married)	
5a. If married, widowed, or divorced HUSBAND of Catherine Morgan (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from  Aug. 31-193 to Aug. 31-193
6. DATE OF BIRTH (month, day, and year) Dec. 30, 189	93 Plast saw been deal Jan 41- 1935; death is said
31 1 1 Ida	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER. Section Work SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL. Western Md. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Hagerstown	R. R. Other Contributory Causes of Importance:
(State or country) Md.	
13. NAME Oscar Morgan	
13. NAME OSCAY Morgan  14. BIRTHPLACE (city or town) Washington Col (State or country) Md.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ida Baket	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ida Baket  16. BIRTHPLACE (city or town) Washington Court (State or country) Mid.	Accident, suicide, or homicide?
17. INFORMANT Catherine Morgan (Address) Hagerstown, Md  18. BURIAL, CREMATION, OR REMOVAL	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury
Place Hagerstown, Md. Date Feb. 3	, 19.35. Nature of injury
19. UNDERTAKER Fred W. Kraiss, (Address) H. gerstown Vd.	24. Was disease or injury in any way, related to occupation of deceased?  If so, specify  (Signed)  Registrar.  (Address)/21 Willand 35: Hageustanu ma

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstiting nephritis ?	1921	Run over by street car	1 week ago	
Cerebral hemorphage	July 5,1927	Peritonitis	3 days ago	
Q2				
Other contributory causes of opportance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
13				
	1			

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

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13	U	2	6	1)

1. PLAC	E OF DEATI	Н			<u> </u>
Count	yWasl	nington.			Registration Dist. No. 3 o 3
					No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	. NAMEesidence: No	_		dof abode)	St., Ward.  If nonresident give city or town and State
	SONAL AND	~			MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. color Whi		5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word) 1e	21. DATE OF DEATH  January 21 (Day) 193 5 (Year)
5a. If married HUSBAN (or) WIF	, widowed, or divorce D of E of	ed			1 HENEBY CERTIFY. That I attended deceased for 1901.
6. DATE OF E	BIRTH (month, day,	and yeer) Ja	anuary 23	, 1859	I last saw her elive on ani all 1 , 1935; deeth is s
7. AGE	Years 75	Months 11	Days 29	If LESS than I day,hrs. ormin.	to have occurred on the take stated above, at 1:55. P.m.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
9. Indus	, profession, or part nd of work done, as AWYER, BOOKKEEPI try or business in v	kR, etc which	Home Wo		Chronic Valrular Hart
- (11	ork wes done, as SII AW MILL, BANK, etc deceased last worke iis occupation (mont ear)	ed at h and	-Spe	time (years) nt in this upation	
	ACE (city or town)	Washing	ton Coun	ty	Other Contributory Causes of importance:
13. NAME	Thomas	Mouse			
	HPLACE (city or tow State or country)		ngton Cou	nty	Name of operation Date of What test confirmed diagnosis? Bud sulf. Wes there an autopsy?
15. MAID	EN NAME Ma	ry Baer			23. If death was due to external causes (VIOLENCE) fill in also the following:
2   (	HPLACE (city or tow State or country)		Md.		Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place—Clearspring, Md. Dete Jan. 23., 19.35.		07 10 75	· Manner of injury		
19. UNDERTA	KER Corne	elis de J	K Suy	MA MA MA MA MA Regisfar.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Finathian P. Ferry  (Address) Leastwring and

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE REAL PROPERTY.

STATE OF	MARYL	AND-C	ERTIFIC	ATE	OF	DEATH
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1. PLACE OF DEATH	<u> </u>
· county Washington	Registration Dist. No. 302
village brong Funkstown.	No. Valentia & Ward
0.5	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
1 2011	berger.
(a) Residence: No. ) calentia.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Judge Thus. H.	22. September 1930 to Annual (8 1935
6. DATE OF BIRTH (month, day, and year) 0 3 - 1853 7. AGE Years Months Days If LESS than	I last saw h all alive on family 15. , 185; death is said to have occurred on the data stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation).	Cerebral Apoplery Jan. 7
12. BIRTHPLACE (city or town) Poemer 1919 (State or country)	Other Contributory Causes of importance:  - Arterioseleroses & Hyper-
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DUSANE TO STATE OF THE STATE	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mr. Ellsworth Poulette (Address) Hagerstown, with	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Doy ex Sound Date Date 20, 19 35	Manner of injury
19. UNDERTAKER AM Continue (Address) Hagers town two	24. Was disease or injury in any way related to occupation of deceated?
20. FILED Jan 19, 1878 has to Bowers Registrar.	(Signed) M. D.  (Address) Anglishim M. D.  2411 N. Charles Street, Baltimore, Sequesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

V. S. No. 1

1. PLACE OF DEATH		93-0
County Washington		Registration Dist. No. 306
Village or City Penn M		ND. St., V  f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where dea	th occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mys		nt.
(a) Residence: No. Pen L	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
emale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (See
HUSBAND of Daniel Pur (or) WIFE of Daniel	t	22., I HEREBY CERTIFY. Thet I attended deceased
A	•	10 10 1934, to 1-12- 193
	ne 27 1845	I last saw h elive on
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date steted above, et. 4.0m. PM
89 6	/5 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were established.
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	use Work	To Wreene Myacordy
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		
kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc	11. Total time (years) spent in this occupation	
BIRTHPLACE (city or town) Caseaa (State or country)	le md	Dther Contributory Causes of importance;
13. NAME July To as	011	
A DIDTURACE CONTRACTOR		
14. BIRTHPLACE (city or town) (State or country)	many	Whet test confirmed die auss? LLLC 2 Was there on outposy?
15. MAIDEN NAME Charbotte	Tracers-	
16. BIRTHPLACE (city or town) - Hers	name.	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	f	Where did injury occur?
INFORMANT ME & BFC	nut,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fen h	nar ma	
n +0 -0 a +	Date 1/16 , 1935	Manner of injury
	rove	24. Was diseese or injury in eny way releted to occupation of deceased?
(Address) Nayneston	1g	If so, specify
FILED Jan. 117, 1933 910. C	at leguson	(Signed) A Colques
If more blan		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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#UREAU V #				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

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1. PLACE OF DEATH	107-00	
County Washing tow	Registration Dist. No.	2
Village or City 207 11 R Culture 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No. 155 W. Wash St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurredyrs,m	osds. How long In U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Other Healland W	Ellianis Ragen	
(a) Residence: No. / S / W asw. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (qurite the word)	21. DATE OF DEATH  Jan / S  (Month) (Day)	, 193 3 (Year)
5e. If merried, widower of divorced	(Month) (Day)	(1ear)
(or) WIFE of Carrie to guyout Com	22. I HEREBY CERTIFY, That I attended  Occ. 9, 1934, to Jay 15	deceased from
6. DATE OF BIRTH (month, day, end yeer) Kuly 18" 185"	I last saw halive onJon_16 ,19.8.5	_; death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted ebove, eCIQ=15-A-m.	
83 6 2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows:	Date of onset
2 Trade profession or particular	Brouchopueumonia	1/13/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date deceased last worked et this occupation (month end yeer)  11. Totel time (yeers) spent in this occupation		-
12. BIRTHPLACE (city or town) Hay entous (Stete or country)	Other Contributory Causes of importence:  arthrilis Ch	2
13. NAME Welliam Ragan  14. BIRTHPLACE (city or town) Hapen town		
14. BIRTHPLACE (city or town) Augustown	Neme of operation Date of	
(State or country)	Whet test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Savalu Sargent	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
15. MAIDEN NAME Savals Savelet  16. BIRTHPLACE (city or town) 16 approximates  (State or country)	Accident, suicide, or homicide? Dete of injury	, 19
E (Stete or country)	Where did injury occur?	
17. INFORMANT Covalie Douglas	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece Il a gestrue Date 1/17 , 19 St	Nature of injury	
19. UNDERTAKER Constituted Thomas (Address) Sas englower with	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED - 17-, 1925 & hast Boever. Registrar.	(Signed) A. S. Porterfield  (Address) 136W Washington	y Sto
	or, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year .		

			F MARY	/LAND-	CERTIFICATE OF DEATH	H 00970
	County Was	hingle	924		Registration Dist.	No. 353
	Village or City	echto	nville	? (If	No	St., Ward
	Length of residence in cit	y or town where d	leath occurred		ds. How long in U.S. If of foreign birth?	
	(a) Residence: No.		(Usual place o	f abode)	St., Ward.	city or town and State
and the second	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF	
3.	Male, 4. COLOR	or RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	(Day) (Year)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	ced			22.   I HEREBY CERTIFY), 1	
6.	DATE OF BIRTH (month, day	, and year)	nil 8	1934	Wast saw him alive on fan.	1933; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3:45 Q	_m.
	0	9	13	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	1
NOI	8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEEI	rticular as SPINNER, PER, etc				Date of onset
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL, tc	*****		The	1/2/38
000	10. Date deceased last work this occupation (mon year)	th and	If. Total tin	ne (years) lin this pation		
12.	BIRTHPLACE (city or town)_ (State or country)	Wa	rokingl	on Co.	Other Contributory Causes of importance:	
1ER	13. NAME Henn	eth	Red		Xlebor Med	11/34
FATHER	14. BIRTHPLACE (city or too (State or country)	Nn) Wass	lington	Po.	Name of operation	5-
R	15. MAIDEN NAME THE	udu La	wie M	010	What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or town (State or country)	vn) Was	hington	100	23. If death was due to external causes (VIOL ENCE) fill in a  Accident, suicide, or homicide?	of injury, 19
17.	INFORMANT Hems (Address) Big	neth pour	Reed		(Specify city or town Specify whether injury occurred in INDUSTRY, In HOME, of	, county and State) or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR RI	EMOVAL	_ 1		Manner of injury	
	Place Parsher	demil	Wate pag.	25 1935	Nature of injury	
19.	UNDERTAKER COMMISSION (Address)	elius K	Suyd	u J	24. Was disease or injury in any way related to occupation if so, specify	of deceased? No.
20.	FILED Jay 23,1	935	W. Vhu	May	(Signed) Ums fort	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	of importance were as follows:	Date of onset		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	93-70	A
County Markurglan	Registration Dist. No. 307	
Village or City Rocust Grove Me		Vard
	death occurred in a hospital or institution, give its NAME instead of street and number)  4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	_ds.
2. FULL NAME Mary Eller Rage	Man	
Table 15 / mad	St Ward.	
(a) Residence: No. Local (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLON OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH  (Month)  (Day)  (Year	
5a. If married, widowed, or divorced. I	<u> </u>	
(or) WIFE of Dungly	22. I HEREBY CERTIFY, That I attended deceased	trom
DATE OF BIRTH (month, day, and year) 7/12 = 14=187	Olyast saw har alive on Jan 26 , 1935; death is	said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2	
64 11 13   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	neat
8. Trade, profession, or particular kind of work done, as SPINNER. House Carfey 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific property).		
9. Industry or business in which	Chronic myotardilis 19.	30
work was done, as SILK MILL, SAW MILL, BANK, etc	Culom.	
10. Date deceased last worked at this occupation (month and year) spart in this occupation		
Porasa Visal	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
# 13. NAME Harris Reader		
13. NAME TO ANY COLUMN TO THE 14. BIRTHPLACE (city or towns LOCUME STORY)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME COLOR CO	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town) Rando mad	Accident, suicide, or homicide?, t9	
(State or country) Horaco (0)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Tamas Karana Kar	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place DO V DO Date 1 1933	Nature of Injury	
19. UNDERTAKER GX Survivor & Co Madress) Topology with Mad	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED / 27 - 1935 & mms L. Squarten	(Signed) Was dever	M. D.
Japan Registrar.	(Address) Doorstow,	
If more blanks are needed, didress State Registrar.	24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:	3			
Gallstones	May 1,1923	Gastroenteritis	₫ year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only cupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago			
AND PAUL V. B.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

LION

infor-

OCCUPA.

Jo

should

2. FULL NAME Geneieve Stewenson. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female White 5a. If married, widowad, or divorcad HUSBAND of Charles Stevenson Jr. (or) WIFE of Mar 30. 1908. 6. DATE OF BIRTH (month, day, and year) 7. AGE **Yaars** Months If LESS than Days 26 9 2 1 day....hrs. or .... min. 8. Trede, profession, or perticular OCCUPATION kind of work dona, as SPINNER, Home Work SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19 Data deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation Morgantown. 12. BIRTHPLACE (city or town). Va. (State or country) FATHER Nelson Utt. 13. NAME Morgantown. 14. BIRTHPLACE (city or town) .... Va. (State or country) MOTHER Bessie Nuce. 15. MAIDEN NAME Morgantown. 16. BIRTHPLACE (city or town). (Stata or country) Charles Stevenson 17. INFORMANT Hagerstown. (Address) 18. BURIAL, CREMATION, OB REMOVAL ROSE HILL Jan Fred W. Kraiss. 19. UNDERTAKER Hagerstown, Md. (Address)

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Jan (Month) The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Other Contributory Causes of Importence: Name of operation\_\_\_\_\_ What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Water V & W					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

BINDING

FOR

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
--------------------	---------------	------------	----	-----------

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

1. PLACE OF DEATH			95-6)					
	County Was	hington				Registration Di	ist. No.	302
	Village or City	O CORPORAT	TELIMITE OF		No. 235	lexander Str	eet c	Word
				(lf	death occurred in a hors	pital or institution, give its NAME i	instead of street and	number)
	Length of residence In c	city or town where de	eath occurred	yrsmos.	ds. How lon	g in U.S. if of foreign birth?	yrsn	nosds.
1	2. FULL NAME Mary S. Talhelm							
	(a) Residence: No.	235 Alex	cander		st., 5 Wa			
potenti	DEDCOMAL AN	ID CTATICTI	(Usual place		MET	If nonresident gi	ve city or town and	d State
-	PERSONAL AN	OR OR RACE			21. DATE OF		OI DEATH	
	Female W	hite		RIED, WIDOWED, D (write the word) L CC	ZI. DATE OF	January (Month)	7, (Day)	(Yeer)
5a.	If married, widowed, or div HUSBAND of (or) WIFE of Wi	orced .lliam H.	Talhe	lm	22. I H I	EREBY CERTIFY		deceased from
		Gor	tombon	מספר מד	Hast saw blood	less / - / - /	ر 19	death is said
	DATE OF BIRTH (month, da	Months	Days	If LESS than	to have appured on t	the date stated above, e5:30	A	; death is said
1.	42	3	21	1 dey,hrs.		USE OF DEATH end related causes	of importance	
_		1 0	22	ormin.	were as follows:			Date of onset
NO	8. Trade, profession, or p	, as SPINNER, T	Home Wo:	rk				
OCCUPATION	SAWYER, BOOKKE 9. Industry or business i	in which			very-	upon assir	7	
P	work was done, as SAW MILL, BANK,	SILK MILL.			7	18 11		
18	10. Date deceesed last we this occupation (m			ime (years)	Carre	many of pr	mig	
	year)		000	upation	died	from an as	ont	
12	BIRTHPLACE (city or town	Myersvi	lle		Other Contributory	grees of importance:	letian	
	(State or country)	Mo	i .		myo	ending		
ER	13. NAME Geor	ge S. Ha	rp					
FATH	14. BIRTHPLACE (city or t	town) Myers	ville		Neme of operation		Date of	
1-	(State or country)		Id.		What test confirmed	diagnosis?	Was there en	eutopsy?
TER	15. MAIDEN NAME CL			ckle	23. If death was due to	o external causes (VIOLENCE) fill (	in elso the followin	ng:
MOTH	16. BIRTHPLACE (city or	town) Myers	ville	P * * * * * * * * * * * * * * * * * * *	Accident, suicide, or	homicide? Da	ate of injury	, 19
Σ	(State or country)		Id.		Where did injury occ	our?	10.	
17. INFORMANT William H. Talhelm (Address) Hagerstown, Md.				(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.				
18	BURIAL, CREMATION, OR	REMOVAL			Manner of injury			
	PlaceHagerst	own, Md.	Dete Jan	· 9 <sub>,19</sub> 3 <b>5</b>	Nature of injury			
	UNDERTAKER Fred	W. Krai	gg.	-	24. Was disease or in	jury In any way related to occupat	ion of deceased?	m
19	(Address) Hage	rstown	Md	/ -	If so, specify	0/10	1	
	1-8-	35/6	Frest.	Breesex	(Signed)	UN Del		
20	), FILED	, 19/		Registrar.	(Address	) Hezust	5 my	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
E STATE OF THE STA			
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

n	1	0	II Ay	10	
U	U	y	1	6	
			-	-	

1. PLACE O					131)	
	shington				Registration Dist. No	361
Village or C	ity Williamsp	ort Md		No. 116	Artizan	St., War
2. FULL NA		celia T	hompson	ds. How long	tal or institution, give its NAME instead In U.S. if of foreign birth?yr:	
(a) Residen	ce: No. 124 Art	izan st	Williams	post.t MdWar	d.  If nonresident give city	or town and State
	AL AND STATIST				CAL CERTIFICATE OF	
female	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF D		35 , 193. (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	0		22. I HE	REBY CERTIFY, Thet	I attended deceesed fro
5. DATE OF BIRTH (	(month, day, and year)	an, 12,	1871	I lest saw hat a al		, 1930; death is sai
7. AGE Yea	rs Months	Days 20	If LESS than I day,hrs. ormin.	to have occurred on the The PRINCIPAL CAUS were es follows:	1 120 1	·M.
SAWYER,  S. Ledustry or learning wark was SAW MIL	L, BANK, etc	S.Censu		1. Myoco	videles Sharis	Date of onse / 933
year)	ed last worked at 193 pation (month and 193 ty or town) Willia	OCC	time (year 25e ont in this 25e on the this 25e	Other Coatributory Cau	uses of importance:	
(State or coun	sse Thompso	~		nepolui	itis Chunce	1933
13. NAME J CS	(city or town) Ma	ryland		Name of operation		
	ME Mary Fran	cis Oli	ver		ngnosis? W	
	(city or town) the R		ζ.		external causes (VIOLENCE) fill In also (micide?Date of in	jury, 19
	rs. Frank T				(Specify city or town, cor occurred in INDUSTRY, in HOME, or in	unty and State) PUBLIC PLACE.
	lamsport Md		_5	Manner of injury		
	lbert Leaf			Nature of injury  24. Was disease or injur  If so, specify	y in eny wey related to occupation of d	eceased? Two,
20. FILES CAN.	4 1935 61	Phicks	Registrar.	(Signed) (Address)	ltimore, Requesting V. S. No. 1.	I md M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	97 387
Village or City Control of Contro	Registration Dist. No.
	If death occurred in a hospital or institution, give its NAME instead of street and number)
To K TP	isds. How long In U.S. if of foreign birth?yrsmos
(a) Residence: No. 243 Summit Pm	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Amauda.	22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) Janua 14-185/	I last saw h alive on 19 ; death is s:
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, atm.
84 - 3. 1 day,hrs	mere se follows.
Trade profession or particular	Data of one
kind of work done, as SPINNER, Laborey -	Beneral debility
9: Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  9:-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this Scripation (month entrol spent in this) spent in this	Orimany Cause: arterio-sclerosis adviation:
this occupation (month en va 29 spent in this ourse	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hagey Stours (State or country)	Differ Controllery Conses of Importance.
13. NAME Jacob Thombson.	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Wares  16. BIRTHPLACE (city or town) Warrang Auro:	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Waynes Acco.	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT U. L. Van Horn (Address) Hagerstown web	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Data Que 19, 1935	Manner of injury  Neture of injury
19. UNDERTAKER A.K. COXX man. (Address) H. E. COXX man. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDJan 19, 1935 Chas H. Bowers. Registrat.	(Signed) freshort Duffey Lawren M.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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Example I	6.T	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

CTATE	OF	MADVI	AND-	CEDTIEIC	ATE	OF	DEATL
SIAIL	UF	MARYL	AND-	CERTIFIC	AIL	Ur	DEATE

Village or City, The County of the ward large of City of the Ward and State and number)  Length of residence in city of the ward death occurred.  2. FULL NAME.  2. FULL NAME.  3. Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  5. SINGLE, MARRID, WIDOWED, SI MOTORY of County of the Ward Oracy hilf of County of City of Text 1 attended deceased from City by Fee of County of City of Text 2 and State and number)  5. Immirried, widowed, or divorced with County of the ward of City by Fee of County of City by Fee of County of City by Fee of County of City by Fee of City of Text 2 and State a	1. PLACE OF DEATH	(67.27)
Langth of residence in city of town where death occurred.  2. FULL NAME.  (a) Residence: No.  (b) ARTICLE ARTICULARS  S. I, Ward.  (a) Residence: No.  (b) ARTICULARS  S. I, Ward.  (b) ARTICULARS  S. I, Ward.  (c) Residence: No.  (d) ARTICULARS  S. I, Ward.  (e) Residence: No.  (f) death occurred on the set institution, give its NAME institution, give its Name of particular institution, give its Name of particular institution, give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its faited above, at a give its own of the set its own of the set its faited above, at a give its own of the set its own of the set its own of the set its own of the set its own of the set its own own of the set its own of the set its own own of the set its own own own own own own own own own own	County VI as Dingthan	Registration Dist. No. 382
2. FULL NAME  (a) Residence: No.  (b) County and State  PERSONAL AND STATISTICAL PARTICULARS  J.SEX  4. COLOR OR RACE  OR BYO'RED  OR BYO'RED  OR BYO'RED  S. SINGLE MARRIED, WHOWED, OR DEATH  22. I HEREBY CERTIFY. That I attended decessed from form with the word)  Destroy of the word of the data stated above, at 19.3 M. The profession, or particular of the word as 1 days, whith word one, as SIK MILL, SAW MILL, SAK, Refe.  S. SAWYER, BODKREFER, SAWYER, BODKREFER, Co.  10. Obto Green State Whed at year)  11. Total time (years) occupation.  Cistle or country)  Destroy of two town.  Cistle or country)  12. BIRTHPLACE (city or town).  13. NAME  C. Y. Color or RACE  14. BIRTHPLACE (city or town).  15. MADEAU AND SAWYER, BORKREFER,	Village or City YO GCYS to LUN	
(a) Residence: No.  (Unappee of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR BUYORDG (were the world)  OR DIVORDG (were the world)  Sp. If married, widowed, or divorced (or) WHE of	Length of residence in city or town where death occurredyrs_l	ds. How long In U.S. if of foreign birth?yrsmosds.
Personal and State   Personal and State	2. FULL NAME TYRURYICK Euger	ne Massen.
3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  5. If married, widowed, or divorced ("BOSANDA" ("Bos") ("Os")  5. If married, widowed, or divorced ("Os")  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,		
OR DIVORCED (wirite the word)  So. If married, victowed, or divorced HUSBAND (North)  (North)  (Day)  (North)  (Pay)  (North)  1934 (Vest)  22. I HEREBY CERTIFY. That I attended deceased from the Australia of t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSBAND or Certification of Corp. WIFE of HUSBAND or Certification or Corp. WIFE of HUSBAND or Certification or Certificat	OR DIVORCED (write the word)	Jan 29, 1935
T. AGE  Years  Months  Bays  If LESS than 1 day, hrs. or particular were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Detections of the date stated above, at	5a. If married, widowed, or divorced HUSBAND of	
7. AGE Years Months bays If LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) Aug 30-1933	Wast saw have falive on full of 1935; death is said
8. Trade, profession, or particular RAWTER, DDCKREPER, etc. 9. Industry or business in which work was done as SILK MILL, 10. Date deceased last worked at hyear) 11. Date deceased last worked at hyear) 12. BIRTHPLACE (city or town) (State or country)  13. NAME 14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) 18. BURIAL_CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. Signed)  22. Was disease or injury in any way related to occupation of deceased?  18. Specify  19. UNDERTAKER (Signed)  24. Was disease or injury in any way related to occupation of deceased?  18. Specify		
8. Trade, profession, or particular find of work dome as SPINNER. SAWYER, BIDKKEPER, etc.  9. Industry or business in which social season as SILK MILL, BAHK, etc.  10. Date decessed last worked at this occupation (month and occupation) (State or country)  11. Total time (years) Spent in this occupation (Citate or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  (Signed)  19. UNDERTAKER (Signed)  (Signed)		THE RESERVE OF BEATH and related causes of importance
12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Pro ucho-pnemonia
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL CREMATION, OR REMOVAL Place   18. BURIAL CREMATION, OR REMOVAL Place   19. UNDERTAKER (Address)   19. UNDERTAK	year) occupation occupation	Other Coutributory Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  21. Specify (Signed)  18. Signed)  19. Was there an autopsy?  Name of operetion  Name of operation operations  Name of operetion  Name of operations  Name of operation		200 1 - 0 - 1 1 1 1
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Y L G B . E G G G G G G G G G G G G G G G G G G		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Signed)  (Signed)	14. BIRTHPLACE (city or town) Q Q Crs to wn (State or country)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL CREMATION, OR REMOVAL  Plade  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  21. 19. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	# 15. MAIDEN NAME SKELLA B. FOLTS.	
(Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  24. Was disease or injury In any way related to occupation of deceased?  (Specify city or town, county and State)  (Address)  26. Was disease or injury In any way related to occupation of deceased?  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify wh	16. BIRTHPLACE (city or town) Age Lystowa.  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Place ULL Stown Unbate Joury 31, 1935  Nature of injury  19. UNDERTAKER A. T. C.		(Specify city or town, county and State)
19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Signed)	18. BURIAL CREMATION, OR REMOVAL	
20. FILED / John State of the s		24. Was disease or injury in any way related to occupation of deceased?
		17/19/2011

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  **Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<del></del>	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. Z.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Other contributory causes of importance:		Other contributory causes of importance:		
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BINDING

FOR

RESERVED

ARGIN

ment

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Was there an autopsy?.

(Day)

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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